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THE CLINICAL HISTORY IN OUTLINE

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By

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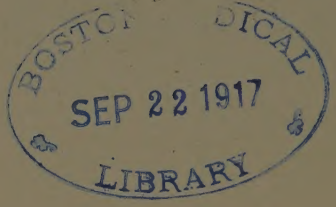

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PREFACE.

The object in taking a clinical history has always been to discover the condition from which a person is suffering, and to discover, if may be, the causes of the condition in order that treatment, medical or surgical, may be instituted and the diseased condition cured. It is, however, becoming realized more and more generally that a thorough clinical history may have a distinct value in forming the basis of educational measures which will teach a patient how to avoid recurrences of a disease from which he is suffering, and how to avoid sequelæ of the disease.

In some instances the diseased condition is an obvious one which demands but few questions to decipher it. In other instances no detail is so small that it is unimportant, and yet in the former instances many questions and a very complete history may be necessary to discover the cause or causes. In the latter case the same thing is obvious. Therefore it happens that judgment is necessary in taking a history, as well as in treating a patient. Judgment and tact are both necessary, the proportions varying with the character of the patient.

Such a volume as this makes no attempt to take automatically a clinical history. It is intended merely as a sort of reminder of points to be considered, and also it is intended to offer a systematic scheme by following which a student may be enabled to arrange the facts concerning a patient in an orderly way. It is not intended to replace such excellent volumes as McKisack's "Systematic Case Taking." It is modelled upon Strümpell's "Leitfaden f. d. klin. Krankenuntersuchungen."

The Cincinnati Hospital. P. G. W.

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CLINICAL HISTORY IN OUTLINE

CHAPTER I.

Foreword

In taking the clinical history of a patient there are several items which demand close attention. The most important of these is *never ask leading questions.* Many a person can be made to tell a story which is sometimes untrue, often misleading, by asking questions which seem to indicate the answer desired by the physician. Another is, *always insist upon definite answers,* whenever it is possible. Another is, never ask embarrassing questions in the presence of a third party. *Learn to use tact.* If a patient is very ill, wait for his own history, and rely largely upon relatives, or friends, or, as often must happen, upon the physical examination. If you receive questionable answers, repeat your query in new and different forms, and at different times. But above all treat every patient as you would treat any other human being. Don't be rough or sharp except when occasion demands. Such occasions are few. At the same time, don't trust a patient's statement overmuch. It is especially true in public hospitals that the patients are dull and ignorant. The physical examination is the most important part of any history. When in doubt, trust that.

Don't forget that your questions may be misunderstood; that the patient may be very ignorant; that he may be intentionally misleading you (malingering); that he is afraid or embarrassed. *Take everything with a grain of salt except what you discover with the aid of your special senses.*

Data Required in History Taking

In taking the history of a patient it is customary to place the following data at the head of the first sheet:

Name.
Age.
Date.
Address. City. Street. No.
Social Condition: Single—Married—Widower or Widow—Divorced.
Race.
Occupation.
Place of Birth.
Name of nearest relative or friend.

Remarks.

Certain of these data are for the purpose of identifying patients, and for placing the physician or hospital authorities in a position to communicate with relatives or friends. In some instances a certain amount of suggestive information is furnished in the answers.

The *age* has a certain, more or less definite, relation to the incidence of certain diseases, for instance, types of tumors.

The *address* may be of value in epidemiologic studies of series of cases, for instance, of typhoid, cerebro-spinal fever, etc.

The *occupation* may have a relation to occupational intoxications (lead, phosphorus, benzol) or to occupational neuroses (eyestrain, writer's cramp, etc.).

The *place of birth* may suggest such pathologic possibilities as hydatid disease, kala-azar, leprosy, malaria, etc.

CHAPTER II.

A. Anamnesis includes the information derived from the patient or his relatives or friends.

I. The Complaint.
II. Family History.
III. Personal History (or Past History).
IV. Present Illness.

B. Status præsens (present condition) includes the information derived from an examination of the patient.

I. Physical examination.
II. Special examination.

The Complaint of the Patient in His Own Words

REMARKS.

This is always the first item of the history and should invariably be in the words of the patient and should be elicited by a question which is not leading; *i. e.*, the physician asks, "Why have you come to the hospital?" and the patient says, "For a pain in the stomach." This item is therefore placed at the head of the history, "The patient complains of 'a pain in the stomach,'" not "The patient says he has an abdominal pain."

With certain patients it may be useful to allow them to tell their whole story at this time, although this story belongs under *Present Illness* (q. v.).

The Family History

(Hereditary Relationships.)

Father Mother Brothers Sisters	Living or dead; if alive—state of health. If dead, cause of death.

Remarks.

In the case of each individual note the occurrence of any abnormality, or deformity that has shown any hereditary tendency (supernumerary fingers, or toes; hemophilia; color blindness; albinism; alcaptonurnia; pentosuria; diabetes; gout).

Make especial note of infectious diseases, or other conditions which have shown a tendency to affect other members of the family ("tuberculosis"; "lung fever"; "spinal disease"; "consumption"; "rheumatism"; "kidney disease"; "stomach troubles"; "cancers"; "nervous disease"; "brain troubles"; "insanity").

The family history is of especial value in nervous and mental conditions; in states due to precocious arteriosclerosis; and in tuberculosis. It has a certain general scientific value in the study of congenital and, especially, hereditary disorders. It is relatively unimportant in most infectious diseases.

Personal History

THE PREVIOUS HISTORY (including former diseases suffered by the patient and in certain cases the name and address of the physician who was in attendance, or the hospital in which he was cared for, and the dates).

Diseases of childhood. These should be specified.

Measles.
Mumps.
Whooping cough.
Diphtheria.
Scarlet fever.
Chicken-pox.

Other infectious diseases. (More than one attack?)

Pneumonia. (More than once?)
Pleurisy. (Character.)
Tonsillitis. (More than once?)
Typhoid. (In bed how long?)
Malaria. (Chills—how often?)
Smallpox. (Pock-marks?) (Vaccination.)
Rheumatism. (Distribution.)
Syphilis. (When?)
Gonorrhœa. (More than once?)
Dysentery. (Type.)
Sequelæ of the foregoing.

System diseases.—

Digestive disorders—Sour stomach, belching, vomiting (character), diarrhœa, constipation, pain.

Respiratory disorders—Cough, expectoration, coryza, pain in chest, shortness of breath.
Cardiovascular disorders—Palpitation, shortness of breath.
Renal (urinary) disorders—Frequency of urination (day and night), swelling of feet, difficulty of urination, pain, headache.
Nervous disorders—Headache, dizziness, convulsions, paralysis, epilepsy, dreams (character).

Traumata (accidental).

Menstrual History.—

Appearance (age), regular, irregular, character, duration, pain.

Marital History.—

Number years married.
Health of husband or wife.
Leucorrhœa—date of appearance.
Miscarriages (age of fetuses).
Number of children.
Labors—(normal—instrumental).
Puerperium—fever, chills, time in bed.
(Domestic relationships. Happy, unhappy. Reasons.)

Residences.—

Location.
Sanitary surroundings (open closets, baths, etc.)
Water supply.

Habits. (cf. also occupations.)

Hours of work.
Hours of leisure (recreations).
Food—No. meals, appetite, likes and dislikes, coffee, tea.
Drugs—Cocain, morphin, heroin, chloroform, etc.
Alcohol—No. glasses beer or spirits per day.
How much water consumed.
How much sleep.

Occupation.—

Surroundings—Ventilation, illumination, toilet facilities, drinking cups, common towels.
Continuous work; rest periods; rest rooms.
Safety devices.
Sickness among associates.
Habits of associates—spitting on floor, etc.

History of the Present Illness

Date of onset.
Manner of onset—first symptom.
When was work discontinued?
When did patient take to bed?
Can walk now? How far?
Is present illness similar to other previous ones?
Character, duration of each; dates.
The general opinion *of the patient* regarding his illness and its cause.

The Physical Examination

THE GENERAL APPEARANCE OF THE PATIENT.—

Position or attitude (in bed or standing).

Lies on side, on back, on face. Legs and arms drawn up or extended. Stands erect, bent; jactitation.

Gait.—

Spastic, ataxic, reeling, pseudo-ataxic, steppage, waddling, lameness.

Condition of nutrition.—

Well-nourished, wasted, emaciated, weight, obese, anasarcous.

Skin.—

Dry, moist, hot, cold, pale, flushed, cyanotic, greenish-yellow, yellowish, pigmented, bronzed, jaundiced, rough, smooth, satiny, desquamation, erythema, petechiæ, hæmorrhages, tumors, parasites, birth-marks, nævi, papules, macules, vesicles, wheals, pustules, scars.

Subcutaneous swellings.—

Periosteal nodules, painful points.

Expression.—

Anxious, vacant, stupid, staring, placid, excited, pinched, mask-like, saturnine, puffy, acromegalic, hippocratic, paralytic.

Mental Condition.—

Intelligent, apathetic, dull, stupid, emotional, delirous.
Hallucinations, hypochondriac, comatose.
Memory.

Odor surrounding the patient.

Speech.—

Articulation, aphasia.

ANATOMIC DATA.—

Lymph nodes.—

(Cervical, suboccipital, supraclavicular, axillary, epitrochlear, inguinal mesenteric.)
Small, large, firm, soft, fluctuating, tender, painful, not adherent, adherent, discrete, conglomerate.

Head.—

Large, small, symmetrical, asymmetrical, hydrocephalic, rachitic.
Fontanelles—Open, closed. Areas of tenderness. Cranio-tabes.
Hair—Scanty, abundant, thin, thick, fine, coarse, color.
Face—Symmetric, asymmetric.

Eyes.—

Pupils, dilated, contracted, equal, unequal, shape, reflexes (Argyll-Robertson).

Arcus senilis.
Strabismus, nystagmus, exophthalmus.
Amaurosis, hemianopsia, retinitis.
Conjunctivæ—Pale, congested, inflamed.
Eyelids—Edema, ptosis, chalazion.

(Special ophthalmic examination when necessary.)

Ears.—

Tophi, stigmata (Darwinian tubercle).
Deafness, discharge, wax, foreign bodies.
Tympanum.
Mastoid tenderness. Position of concha.

(Special otologic examination when necessary.)

Nose.—

Deformities—"Saddle-back," "Bardolphian."
Ozæna, epistaxis, discharge.

(Special rhinologic examination when necessary.)

Mouth.—

Salivation, stomatitis.
Lips—Color, deformities (hare-lip), fissures (rhagades), herpes, ulcerations.
Breath—Sweet, clean, fœtid, alcoholic, acetone (diabetic), urinous.

Tongue.—

Color, dry, moist, clean, coated, smooth, rough, fissured, ulcerated, "geographical," leucoplakia, mucous patches, strawberry.
Protrusion, symmetrical, deviation, tremor.

Gums.—

Color, inflamed, spongy, hæmorrhagic, pigmented (lead), pyorrhœa alveolaris.

Teeth.—

Number, condition, decay, fillings, deformities (Hutchinson's).

(Special dental examination when necessary.)

Pharynx.—

Adenoids, tonsils, inflammation, membrane, abscesses.

Reflexes, paralyses.

Uvula, long, short, inflamed, congested, edema.

Larnyx.—

Voice, husky, aphonia.

(Special examination when necessary.)

Neck.—

Shape—Long, thin, short, thick. Supraclavicular fossæ.

Muscles—Prominence in dyspnœa.

Blood vessels—Venous pulsation. Diastolic (venous stasis), Systolic (tricuspid insufficiency).

Salivary glands—Tumors, pain.

Thyroid—Tumors, assoc. with exopthalmus.

Thymus—Enlargement.

Larynx—Tracheal tug.

Spinal column—Curvatures.

Cysts—Branchial.

Thorax—(Heart and Lungs).

Inspection.—

Shape—Pigeon breast, rickety chest (rickety rosary), funnel chest, barrel chest (emphysema), scoliotic, kyphotic, paralytic, laterally compressed, symmetric, asymmetric, bulging.

Expansion—Rhythmic, arrhythmic, symmetrical, asymmetrical, slow, rapid, free, labored, costal, costo-abdominal, Cheyne-Stokes', Biot's.

Apex beat, normal position, displaced, Broadbent's sign.

Palpation.—Fremitus, thrills, pulsations, friction rubs.

Pulse—Small, large, hard, soft, quick, slow, anacrotic, dicrotic, collapsing, regular, irregular.

Auscultation.—

Breath sounds, vesicular, puerile, bronchovesicular, tubular, amphoric, cog-wheel, stridor.

Voice sounds—vocal resonance (increased or decreased), bronchophony, pectorophony, ægophony.

Adventitious sounds—Rhonchi, r les (crepitant, subcrepitant, mucous, metallic). Friction sounds, bell sounds, metallic tinkling, succussion.

Heart sounds—Normal, accentuated, weak, rhythm, tachycardia, bradycardia, reduplication, gallop, murmurs, localization.

Percussion.—

Resonance—Tympanitic, dull, increased, Skodiac, decreased, amphoric, metallic, Wintrich's sign, cracked-pot.

Cardiac dullness, lateral measurements from mid-sternal line.

Exploratory puncture.—Pleura. Pericardium.

Abdomen.—(Stomach, intestines, liver, spleen, kidneys.)

Inspection.—

Enlarged veins, caput medusæ.

Linæ albicantes, eruptions, rose-spots.

Shape, retraction, "scaphoid," meteorism.

Movements — respiratory — pulsations, muscular, gastric, intestinal.

Enlarged organs—position of organs.

Palpation.—

Tumor masses, tenderness, ascites, rigidity.

Spleen, kidneys, liver edge, surface of liver, gall bladder.

Vaginal exploration.

Rectal exploration.

Auscultation.—

Friction rubs, aneurismal bruits, fetal heart, borborygmi, splashing sounds.

Percussion.—

Areas of dulness.
(Auscultatory percussion.)

Exploratory puncture.—

Ascites; splenic enlargements.

OUTLINE OF ORGANS, ESPECIALLY OF LIVER AND STOMACH.

Genitalia.—

Abnormalities.
Scars.
Tumors.
Evidence of discharge (signs of irritation).
Bacteriological examination.
Digital examination of prostate, tubes, ovaries, uterus.

Central Nervous System.—

Disturbances of motion—weakness, paralyses, etc.
Disturbances of sensation—anæsthesia, paræthesia.
"Trophic" disturbances.
Disturbances of special senses—seeing, hearing, taste, smell.
Reflexes—skin, tendon, muscle,
When necessary, examination of cerebrospinal fluid:
Wassermann.
Globulin.
Cell count.
Bacteriologic.

Blood.—

Hemoglobin per cent.
Leucocytes per cu.mm.
Red cells per cu.mm.
When necessary, serum reactions:
    Wassermann.
    Widal.

Urine.—

Amount—24 hours.
Albumin.
Casts.
Reaction (Litmus, methyl red).
Sugar.
When necessary, complete urine examination.

Feces.—

Appearance, formed or unformed; consistency.
Microscopic.
    Undigested food.
    Parasites.
When necessary, complete examination.
Blood.

Special Examinations

There are but few, if any, cases in which a general history is not of value. Often it suggests certain system diseases or diseases of a specific nature. Under such conditions additional data should be collected and added to the general history.

ACUTE INFECTIOUS DISEASES.

Especial Reference to Previous Diseases of an Infectious Character.—

Typhoid, measles, scarlet fever, usually occur but once in the same individual.

Pneumonia, acute articular rheumatism, erysipelas are not infrequently recurrent.

Social Surroundings.—

Hygienic conditions—(Brill's disease, typhus, tuberculosis, smallpox).

Occupation.

Early Symptoms.—

Chills, headache, pain, vomiting, diarrhœa, eruption.

Appearance at Time of Examination.—

Temperature, pulse, respiration.
Condition of nutrition.
Mental condition.
Color of cheeks and lips.
Type of respiration.
Herpes labialis.

Physical Examination.—

Evidence of foci of infection.
- Middle ear disease.
- Tonsils, carious teeth, pyorrhœa alveolaris, adenoids.
- Glandular involvement.
- Genital infection.

Joint or muscle pain.

Blood Examination.—

Leucocytes.
Differential count.
Cultures.
Serum reactions—
Wassermann.
Widal.
Complement deviations.

Urine Examination.—

Albumin, casts.
Reaction (preferably with Methyl red).
Bacteriologic.

Feces.—

Bacteriologic.

Animal Inoculations.

Sputum.—

Bacteriologic.

DISEASES OF THE RESPIRATORY SYSTEM.

Occupation.

Social Surroundings.

Onset.—Gradual or rapid.

Symptoms—cough, chill, pain, etc.

Special detailed examination of thorax, and upper respiratory tract.

Sputum.—

Time of expectoration; night, morning.
Effect of position.
Appearance—color, consistency.
Odor.
Microscopic—
Parasites.
Bacteria.
Bacteriologic examination complete.

Special laryngologic examination, including the character of voice.

DISEASES OF THE CARDIOVASCULAR SYSTEM.

History of Past Infectious Diseases.—

Rheumatism, scarlet fever, diphtheria, influenza, tonsillitis, syphilis, gonorrhœa.

Habits.—

Alcohol, tobacco, over-eating, athletics.

Psychic conditions.—

Worry.

Special Detailed Examination of Peripheral Vascular System.—

Pulse.

Character of vessels—(temporal and radial vessels).
Polygraphic studies.

Special Detailed Examination of Heart and Lungs.—

Evidence of general cardiac involvement.
Evidence of special valvular or myocardial conditions.
Galvanometric studies.
Evidence of pulmonary congestion, liver, spleen,
Sputum—Character.
Urine—Chronic congestion. Secondary nephritis.
Blood—Bacteriologic.
Blood Cultures.

GASTRO-INTESTINAL DISEASES.

Past History of Dietary Habits, including alcoholism and tobacco.

Sedentary life; nervous conditions; amount of sleep.

Occupation.—

(Lead, arsenic, mercury, antimony.)

State of Nutrition and General Appearance.

Special Gastric and Intestinal Examinations.—

Symptoms in detail.

Chemical examination of gastric juice—
Acids, ferments, etc.
Microscopic and bacteriologic examination of gastric washings.
Motility—
Radiographic examination.
Special chemical tests—
Blood lipase (liver conditions).
Phenosulphophthalein.

Special Examination of feces.—

Character and quantity.
Microscopic.
Blood.
Bacteriologic.
Parasites—
Amœbæ.
Ova.

CENTRAL NERVOUS SYSTEM.

Family History.—

Valuable in cases of epilepsy, general nervousness, hysteria, and various psychic disorders.

Past History.—

Infectious diseases, especially syphilis.
Rheumatism.

PAST HISTORY OF OTHER NERVOUS DISTURBANCES.

Convulsions in childhood.
Migraine.

Traumata.

Psychic disturbances—

Shock.
Worry.
Grief, etc.

Intoxications.—

Lead.
Arsenic.
Alcohol.

Habits and Surroundings.—

Nervous—irritable.
Headaches.
Epileptic attack (order—sequence).

Cerebral System.—

Headache.
Dizziness.
Loss of memory.
Sight. (Reflexes.)
Hearing—Taste.
Speech—Sense of smell.
Vomiting.
Paralyses.
Sensation.
Aphasias.

Spinal.—

Pain.
Girdle sensations.

Retention of urine, incontinence.
Constipation, involuntary excretion.
Sexual side—increase or decrease of desire or ability.

Motor.—

Weakness.
Paralysis.
Cramps.
Convulsions.

Sensory.—

Paræsthesia.
Anæsthesia.

URINARY DISEASES.

Past History.—

Infectious Diseases—Syphilis, diphtheria, scarlet fever.

Habits.—

Alcohol, diet.

Occupational Intoxications—Lead, etc.

Exposure to extremes of temperature.

Swelling of Feet, Ankles.

Frequency of urination.
Amount of urine; color; sediment.

Headache, dizziness, loss of appetite.
Asthma, dyspnœa.
Vision.

Physical Examination.—

Paleness; puffiness of eyelids.
Arteriosclerosis.
Albuminuric retinitis.
Cardiac hypertrophy.
Character of pulse.
Ascites, General edema.

Special Urinary Examination. (Total amount in 24 hours.)

Microscopic.
Complete chemical examination.
Phthalein tests.

Special Examination of Bladder, Ureters and Kidneys.—

Digital exploration.
Cystoscopy. Ureteral catheterization.
Radiographic examination.

CHAPTER III.

The following data refer to certain frequent symptoms. In each case the symptom precedes the names of conditions with which the symptom may be associated. These lists are merely suggestive and do not pretend to be complete. For fuller discussions of symptoms one may consult Cabot's "Differential Diagnosis" and other similar volumes.

Ascites.—

Portal obstruction.
Cardiac disease.
Tuberculous peritonitis.
Carcinomatous peritonitis.
Chronic peritonitis.
Ovarian tumors.
Chronic pulmonary disease.
Hydræmia.
Chronic Bright's disease.
Distomiasis.

Bradycardia. (Pulse below 60 per minute.)

Convalescence from fevers (Diphtheria, influenza).
Circulatory diseases (Chronic myocarditis, Stokes-Adam's disease, aortic stenosis).
Urinary diseases (Chronic nephritis).
Nervous diseases (Intracranial pressure, meningitis).
Cretinism.
Intoxications (Alcohol, tobacco, digitalis).

Tachycardia. (Pulse above 120 per minute.)

Fevers.
Tuberculosis.
Anæmia.
Neurasthenia.
Graves' disease.
Hysteria.
Shock and collapse.
Abdominal distension.
Peritonitis.
Certain cardiac diseases (Endocarditis, pericarditis).

Chills.—

Sepsis.
Infectious disease.
Gall-stone disease.

Color of Skin.—

Yellow—jaundice.
Lemon yellow—anæmia, esp. chlorosis.
Bronzing—Chronic tuberculosis.
Addison's disease.
Extozoic infections (pediculosis).
Pregnancy.
Hodgkin's diseases.
Hepatic cirrhosis.
Diabetes (bronzed).
Blue-gray—Argyria.

Coma.—

Alcoholism.
Apoplexy.

Uræmia.
Diabetes.
Meningitis.
General paralysis.
Brain tumors.
Poliomyelitis.

Continued Fever.—

Typhoid.
Sepsis.
Tuberculosis.
Meningitis.
Influenza.
Infectious arthritis.
Renal suppurations.
Hepatic suppurations.
Leukæmia.
Syphilis.
Cardiac infections.

Diseases of Infancy.—

Diarrhœa.
Rickets.
Scurvy.
Convulsions (eclampsic).
Disorders of dentition.
Thymic enlargements.

Diseases of Puberty.—

Chlorosis.
Tuberculosis.
Nervous diseases.

Diseases of Childhood.—

The erythematous fevers.

Diseases of Old Age.—

Arteriosclerosis.
Carcinoma.
Chronic arthritis.
Emphysema (pulmonary).

Hereditary Diseases.—

Certain Nervous Diseases.
Diabetes.
Gout.
Hemophilia.
Albinism.
Pentosuria.
Neoplasia.
Progressive muscular dystrophy.
Cerebellar ataxia.
Friedrich's ataxia.

Vocational or Occupational Diseases.—

Occupational neuroses—
- Writer's cramp.
- Telegrapher's cramp.
- Singer's cramp.

Caisson disease.
Housemaid's knee.
Konioses—(Pneumokoniosis)—Dust diseases.
- Anthracosis (miners).
- Siderosis (iron-workers, grinders).
- Aluminosis (potters).

Silicosis (stone cutters).
Tobaccosis (tobacco workers).
Other forms occur in wood workers, sawyers, furriers, hair pickers, etc.

Industrial poisonings—

Lead (painters, type-founders, compositors, paint makers).
Benzol (painters, varnish workers, rubber workers).
Arsenic (dyers, etchers, taxidermists, textile printers).
Anilin (dye makers).
Chromium (workers in chemical works).
Wood alcohol (varnishers, polishers).
Brass (polishers).
Mercury (felt hat makers, mirror platers, makers of mercury vapor lamps, photographers).
Phosphorus (match makers).

(For further data see "Industrial Poisons," by E. F. McCampbell, Ohio State Board of Health, Columbus, Ohio.)

Infections—

Anthrax (workers with hides and skins).

Blood Pressure.—

"Roughly speaking, the cases with blood pressure permanently above 200 m.m. of mercury are mainly those of increased intracranial pressure, chronic nephritis, and aortic insufficiency; those between 150 and 200 m.m., beside these conditions are arteriosclerosis, Basedow's disease, chronic polycythemia and high pressure stasis." (Hirschfelder.)

Hypotension.—

Acute infectious diseases.
Shock and collapse.
After hemorrhage.
After severe diarrhœa or dysentery.
After profuse vomiting.
In pleurisy.
In pericarditis.
All acute cardiac disease.
Chronic mitral stenosis.
Cachectic conditions.

Cyanosis, enlargement of the liver and ascending edema characteristic of failure of the right heart.

Dyspnœa.—

Dyspnœa and other respiratory disturbances in heart failure are due chiefly to stasis in the pulmonary capillaries and veins; i. e., due to pulmonary edema.

An early sign of mitral lesions. In aortic lesions a sign of broken compensation; i. e., of secondary mitral insufficiency.

Cough, dyspnœa, cardiac asthma, pulmonary edema, pulmonary hæmorrhage, together constitute a group of symptoms characteristic of stasis in pulmonary veins (Hirschfelder).

Cardiac diseases.
Tuberculosis (pulmonary).
Chronic bronchitis.
Pneumonia.
Chronic nephritis.

Asthma.
Emphysema.
Infectious diseases.
Exertion and excitement.

Hæmoptysis.—

Pulmonary tuberculosis.
Aneurism.
Heart disease.
Pneumonia.
Carcinoma.
Bronchiectasis.

Hæmorrhages, Cutaneous.—

Hemophilia.
Purpura hæmorrhagica.
Malignant endocarditis.
Henoch's purpura.
Scurvy.
Nephritis.
Diabetes.
Foot-and-mouth disease.
Syphilis (neonatorum).
Schönlein's disease.

Hæmatemesis.—

Peptic ulcer (gastric, duodenal).
Cirrhosis (esophageal hæmorrhoids).
Splenic enlargements.
Anæmic.
Purpura.
Typhoid.
Aneurism.

Hæmaturia.—

Renal—
- Acute nephritis.
- Chronic nephritis.
- Toxic (turpentine).
- Infarction.
- New growths.
- Tuberculosis.
- Nephrolithiasis.
- Filariasis.
- Bilharziosis.
- Pelvic varices (renal epistaxis).
- Leukæmia.

Ureteral—
- Calculi.

Urethral—
- Acute urethritis.
- Calculi.

Vesical—
- Calculi.
- Acute cystitis.
- Trauma.
- Tumors.

Herpes.—

Malaria.
Cerebrospinal fever.
Pneumonia.
Also in acute miliary tuberculosis and typhoid.

Hypothermia.—

Malaria.
Convalescence from acute fevers.

Collapse.
Toxic conditions (opium, alcohol).
Cholera.
Myxœdema.
Diabetic coma.
Chronic cardiac disease.
Cerebral and spinal conditions.

Idiosyncrasies.—

Strawberry.
Rhus (poison ivy).
Crab meat and shell fish.
Quinin, morphin, iodoform, potassium iodide.
Certain plants or grasses (hay fever, rose cold, etc).

Itching.—

Quinin, morphin.
Diabetes.
Jaundice.
Pediculosis, etc.

Jaundice.—

Epidemic jaundice—Weil's disease.
Catarrhal.
Gall-stone.
Hypertrophic cirrhosis.
Hematogenic.
Pancreatic tumors and cysts.
Carcinoma of liver, stomach, duodenum.
Acute yellow atrophy.
Icterus neonatorum.
Chloroform necrosis of liver.

Liver.—

Enlarged and smooth.
- Chronic passive congestion.
- Amyloid.
- Cirrhosis.
- Fatty liver.

Enlarged and rough.
- Abscesses.
- Echinococcus.
- Syphilis (gummata).
- New growths.
- Cysts.

Mydriasis.—

- Glaucoma.
- Optic atrophy.
- Anæmias.
- Neurasthenia.
- Aortic insufficiency.
- Irritation of cervical sympathetic.
- Emotional disturbances.

Myosis.—

- Congestion of iris.
- Paralysis of cervical sympathetic.
- Paralysis of fifth nerve.
- Plethora.
- Venous obstruction.
- Mitral valve disease.
- Spinal disease.

Pain

General Abdominal Pain.—

- Constipation.
- Enteritis.

Appendicitis.
Typhoid.
General peritonitis.
Lead poisoning.
Intestinal obstruction.
Tuberculous peritonitis.
Tabes crises.
Extrauterine pregnancy.
Gastric neuroses.
Mucous colitis.
Gall-bladder disease.

Epigastric Pain (beside the above).—

Acute gastritis.
Peptic and duodenal ulcer.
Hyperacidity.
Pericarditis.
Pancreatitis.
Pyloric adhesions.

Left Hypochondriac Pain.—

Flatulence.
Angina pectoris.
Renal suppurations and calculi.
Sub-diaphragmatic abscess.

Right Hypochondriac Pain.—

Chronic hepatic congestion.
Gall-bladder disease.
Carcinoma of the liver.
Renal suppuration and calculi.
Sub-diaphragmatic abscess.

Left Iliac Pain.—

Pyosalpinx.
Ectopic gestation.
Dysmenorrhœa.
Ovarian cysts.
Ureteral calculi.
Sigmoid carcinoma.
Diverticulitis.

Right Iliac Pain.—

Appendicitis.
Pyosalpinx.
Dysmenorrhœa.
Ectopic gestation.
Ovarian cysts.
Mucous colitis.
Chronic colitis.
Ureteral calculi.

Lumbar Pain.—

Sacro-iliac disease.
Spondylitis.
Spinal arthritides.
Strains.
Herpes zoster
Lumbago.
Psychoneuroses.
Renal suppurations.
Renal tumors.
Spinal tumors.
Retroperitoneal tumors.
Fatigue.

Defective balance, scolioses, etc.
Infectious diseases.
Aneurisms.
Pelvic disorders.
Tabes dorsalis.
Myelitis.

Headache.—

Aneurisms.
Psychoneuroses.
Nephritis.
Meningitis.
Sinusitis.
Neuralgias.
Syphilitic periostitis.
Brain tumors.
"Indurative" headaches.
Eyestrain.
Indigestion and constipation.
Menstruation.
Onset of infectious disease.
Intoxications (lead, alcohol).
Fatigue, hunger, bad air.

Thoracic Pain.—

Digestive disorders (flatulence).
Angina pectoris.
Hepatic and biliary disorders.
Aneurisms.
Pleuritis and pneumonia.
Pericarditis.
Intercostal "rheumatism."

Herpes zoster.
Fractured ribs.

Brachial Pain.—

Arthritis.
Bursitis.
Neuritis.
Angina pectoris.
Neuralgia.
Osteomyelitis.
Occupational neuroses.
Fractures.
Cervical ribs.

Pain in Legs and Feet.—

Flat foot.
Arthritides.
Varicose veins.
Phlebitis.
Sciatica.
Osteomyelitides.
Sprains and strains.
Syphilitic periostitis.
Tendosynovitis.
Neuritis.
Tumors.
Gout.
Metatarsalgia.
Intermittent claudication.
Erythromelalgia.

Pigmentation.—

Lead (lime in gums).
Argyria.

Addison's disease.
Cachexias.
Xanthomatosis.
Chloromatosis.
Melanomatosis.
Tattooing.
Gun powder burns.

Sequelæ of Infectious Disease.—

Diptheria (nephritis, myocardial disease, paralyses).
Scarlet fever (nephritis, otitis media).
Articular rheumatism (myocardial disease, endocarditis, chorea).
Whooping cough (pulmonary tuberculosis).
Measles (pulmonary tuberculosis).
Gonorrhœa (arthritis, peritonitis, endocarditis).

Splenic Enlargements.—

Myelogenous leukæmia.
Malaria.
Banti's disease.
Gaucher's splenomegaly.
Lymphosarcomatosis.
Hodgkin's disease.
Acute infections.
Chronic congestion.
Amyloid.
Syphilis.

Vertigo.—

Arteriosclerosis.
Nephritis.

Ménière's disease.
Stokes-Adams' disease.
Transient monoplegia and hemiplegia.
Hemianopsia.
Errors of refraction.
Certain gastric disorders.
Aortic insufficiency.

Vomiting.—

Gastric neuroses.
Appendicitis.
Cardiac diseases.
Gastric ulcer.
Intestinal obstruction.
Gastric cancer.
Uræmia.
Tabes Dorsalis.
Brain tumors.
Pregnancy.
Acute gastritis.
Alcoholism.
Onset of acute infections.
Post-operation.
Errors of refraction.

CHAPTER IV.

Post-Mortem Examinations and Records.

A post-mortem examination is the final method of substantiating a clinical diagnosis. The application of this method has lead to collections of statistics by several well-known clinicians who have discovered that their clinical diagnoses have been imperfect in a considerable number of instances.

The record of a post-mortem examination is the last necessary thing in the complete history of a fatal clinical case. The items in the form of Post-Mortem Record shown on pages 50, 51, 52 and 53, which is a duplicate of that used in the Cincinnati Hospital, indicate the data which should be secured in making an autopsy.

FORM OF POST-MORTEM RECORD

(50)

CINCINNATI HOSPITAL.

POST-MORTEM RECORD.

[AFTER WARTHIN.]

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No. of Autopsy, Date of Autopsy,

Name, Age, Sex, Color,

Ward, No. Nationality, Occupation, { Married, Single,

Admitted 191 , Died 191 , Autopsy, hours after death. Weather, { Cold, Mild, Hot,

History of { Alcoholism, Syphilis, Consumption, Injury, } Clinical Diagnosis, Attending Physician

Mode of Death, { Sudden, Slow, } Interne,

Cause of Death, Autopsy ordered by Performed by

EXTERNAL APPEARANCES.—Condition of Nutrition, Weight of Body, lbs., Height,

Appearance of Skin, Eruptions, Scars, { Wounds, Bruises,

Deformities, Other Peculiarities,

Rigor Mortis, Decomposition, P.-M. Lividity,

II. HEAD.—Scalp, Thickness, Injuries, Eyes, Hair, { Color, Quantity, Soft and thin, Hard and thick

Skull—size, Thickness, Injuries, Configuration,

Fluid in Cranium, amount, Character,

Dura Mater.— Thickness, Color, Adherent to Calvarium,

Sinuses, quantity of blood. Thrombi,

Pia Mater.— Thickness, Vascularity, Fluid, Vessels at Base,
Surface of Hemispheres, Condition of Convolutions, { Flattened, / { Asymmetrical,

Brain.—Weight, Grams; Consistence of Substance, Color, Puncta Vasculosa,
Ventricles,—size, Fluid, Lateral Vs., Contents, 4th Ventricle,
Softening, Blood-Clots, Tumors, Other Lesions,
Base of Skull after removing Dura, Areas of Degeneration,

III. **SPINE.**—Deformities of Spinal Column . Cord, { Examined, / { Not Examined, Membranes, Color,

IV. **THORAX and Neck.**— Thyroid, Thymus,
Tongue, Glands, Pharynx, Tonsils,
Larynx, Trachea, { Mediastinal Glands, / { Bronchial "

Lungs.—
Left Lung, Upper Lobe,
Lower Lobe,
Right Lung, Upper Lobe,
Middle Lobe,
Lower Lobe,
Lesion,

Pleural Cavities.—
Left, Adhesions,
Effusion, { Clear, / { Purulent,
Blood,
Right, Adhesions,
Effusion,

Heart.—Size, Position,
Pericardium-Adhesions,
Effusions, Quantity, Character,
Heart opened *in Situ* shows Blood, { Fluid, / { Clotted, Clots, { Red, / { Chicken-fat, / { White, tough, Right Side, Left,

CINCINNATI HOSPITAL.—Con't.

POST-MORTEM RECORD.

Heart.—Weight, Grams, Shape, { Globular, / Elongated,

Hypertrophy of Cardiac Walls—None, Left Sided, General, Right Sided,
Atrophy of Cardiac Walls, Dilatation, Fatty Metamorphosis,
Valves and Orifices,
Valvulitis, { Chronic, / Acute, Aortic, Mitral, Tricuspid Valve,
Calcification, Coronary Vessels,

Aorta.—Arch, Thoracic, Abdominal, Atheroma, Aneurism,
Other Blood Vessels, Position of Diaphragm,

V. GENITO-URINARY TRACT.

Kidneys.—Weight—Left, Grams; Right, Grams; { Color, / Shape, { Cysts, / Capsule, / Surface,
Lesion, Ureters,
Suprarenal Bodies,
Bladder, Contents, Thickness of Wall, Prostate, Urethra,
Uterus, Ovaries, Testicles,

VI. ABDOMEN.—Position of the Organs, Peritoneum, Contents, Adhesions,

Liver.—Weight, Grams; Size, Color, Surface,
Edges, Cut Surface,
Gall-Bladder and Ducts, Gall-Stones, Color of Bile,
Lesion,

Pancreas.—

Spleen.— Weight, Peritoneal Lymph Glands,

Stomach.—Size, { Empty, / Full, Mucous Membrane, Thickness, Œsophagus,
Congestion, Ulcers, Cancer, Duodenal Ulcer,
Lesion,

Small Intestnes.— Catarrhal Condition, Ulcerations, Contents,
Vermiform Appendix, { Empty, / Full, Parasites, Obstruction,
Hernia, Intussusception, Volvulus,

Large Intestines and Rectum.— Dysentery, Contents,
Constrictions, Hemorrhoids,

Other Organs.—

Specimens Preserved in Museum.—No.

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